

1 User's last names	User's first names	Date of order	Orderer's ref.
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2

Short leg: worn together with a thigh-high stocking, lower pressure at the overlapping area

Long leg: worn together with an ankle stocking, lower pressure at the overlapping area

3

MODEL

Pants Stockings

WAIST

Normal waist High waist

TOES IN STOCKING

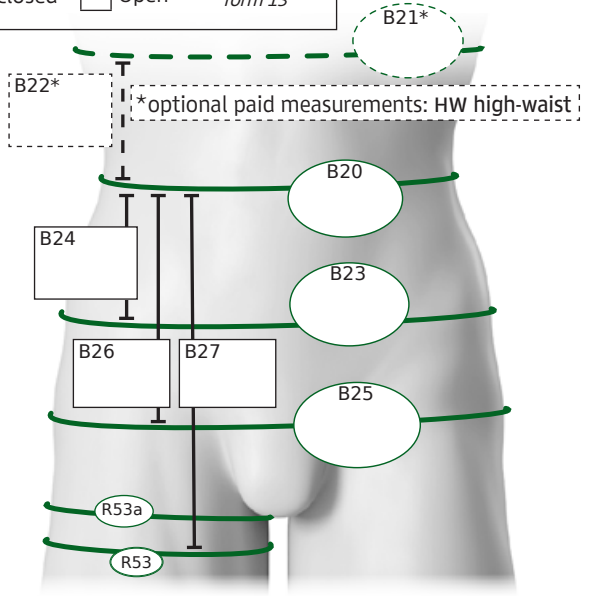
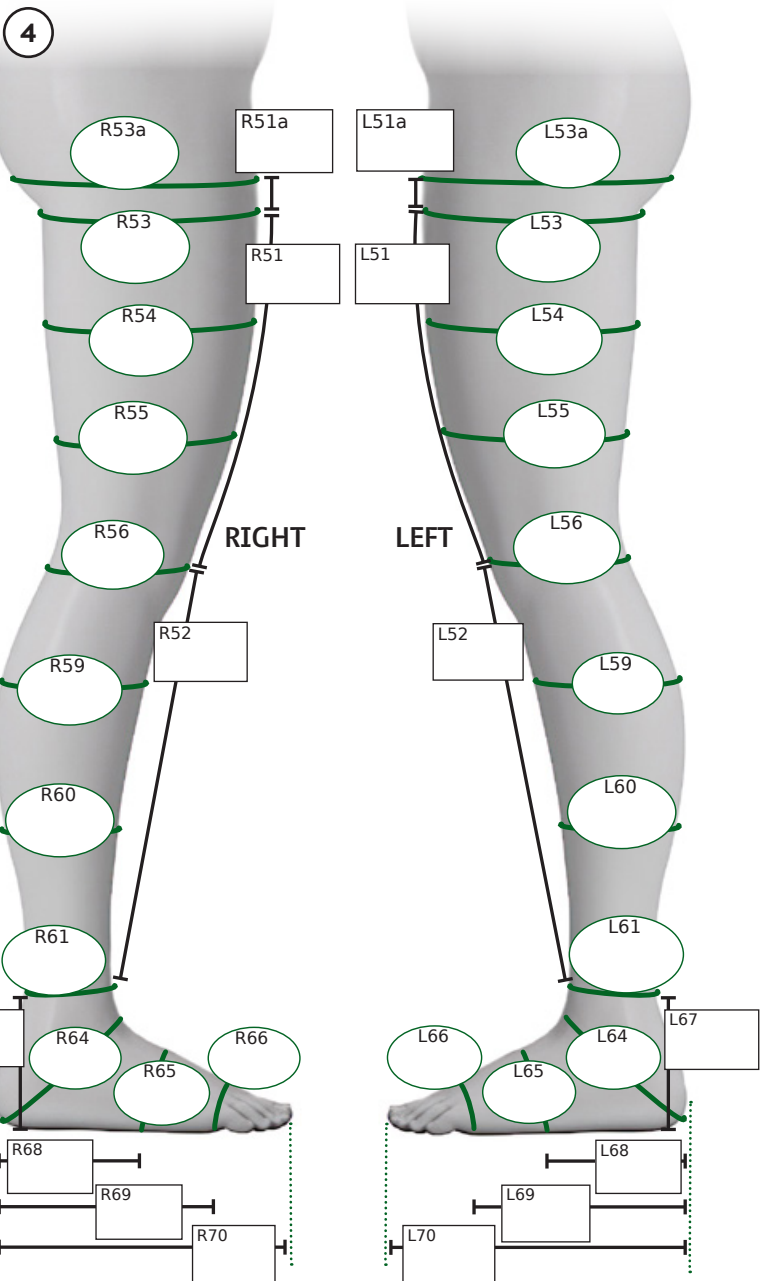
Closed Open Other fill also form 13

4.1

Paid addition:
AB Pants with shoulder straps

Additional measurement for shoulder straps

Order supplemented with an additional measurement form.



5

SKIN	COMPRESSION	SENSE
<p>Normal pressure level</p> <p><input type="checkbox"/> Strong fabric</p> <p><input type="checkbox"/> Medium fabric</p> <p>Lightened pressure level</p> <p><input type="checkbox"/> Strong fabric</p> <p><input type="checkbox"/> Medium fabric</p>	<p>CCL 1</p> <p><input type="checkbox"/> Strong fabric</p> <p><input type="checkbox"/> Medium fabric</p> <p>CCL 2</p> <p><input type="checkbox"/> Strong fabric</p> <p><input type="checkbox"/> Medium fabric</p> <p>CCL 3</p> <p><input type="checkbox"/> Strong fabric</p> <p><input type="checkbox"/> Medium fabric</p> <p>CCL 4</p> <p><input type="checkbox"/> Strong fabric</p>	<p>Light pressure</p> <p><input type="checkbox"/> Medium fabric</p> <p><input type="checkbox"/> Light fabric</p> <p><input type="checkbox"/> Strong fabric</p> <p>Medium pressure</p> <p><input type="checkbox"/> Medium fabric</p> <p><input type="checkbox"/> Strong fabric</p> <p>Strong pressure</p> <p><input type="checkbox"/> Strong fabric</p> <p><input type="checkbox"/> Medium fabric</p> <p>Other:</p> <p><input type="checkbox"/> Pressure level/material:</p>

6

Genital area	Fabric color	Seam color	Emblem	Paid addition
<input type="checkbox"/> Closed <input type="checkbox"/> Open <input type="checkbox"/> Fly <input type="checkbox"/> Diaper in use <input type="checkbox"/> Yes	<input type="checkbox"/> F1 Beige <input type="checkbox"/> F2 Black <input type="checkbox"/> F3 White <input type="checkbox"/> F4 Grey <input type="checkbox"/> F5 Blue <input type="checkbox"/> F6 Red <input type="checkbox"/> F7 Green	<input type="checkbox"/> S1 Beige <input type="checkbox"/> S2 Black <input type="checkbox"/> S3 White <input type="checkbox"/> S4 Grey <input type="checkbox"/> S5 Blue <input type="checkbox"/> S6 Red <input type="checkbox"/> S7 Green	<input type="checkbox"/> S8 Pink <input type="checkbox"/> S9 Bright Green <input type="checkbox"/> S10 Yellow <input type="checkbox"/> S11 Orange <input type="checkbox"/> S12 Bright blue <input type="checkbox"/> S13 Purple	<input type="checkbox"/> P1 Cat <input type="checkbox"/> P2 Dog <input type="checkbox"/> P3 Fox <input type="checkbox"/> P4 Bunny <input type="checkbox"/> P5 Duck <input type="checkbox"/> P6 Strawberry <input type="checkbox"/> P7 Snowflake <input type="checkbox"/> P8 Dino <input type="checkbox"/> P9 Bear <input type="checkbox"/> P10 Beetle <input type="checkbox"/> P11 Ladybug <input type="checkbox"/> P12 Turtle <input type="checkbox"/> P13 Whale <input type="checkbox"/> P14 Flower <input type="checkbox"/> Fastener* <input type="checkbox"/> AZ Zipper <input type="checkbox"/> AZ2 Zipper (over 45 cm) <input type="checkbox"/> AZF Zipper with guard <input type="checkbox"/> AHZ Hooks <p><small>*where and what kind, write in "Addition details"</small></p>

Our production chooses the placement of the emblem.

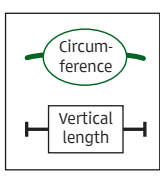
7

Fabric/pressure information: _____

Color and material details: _____

Silicone and elastane band preferences: _____

Addition details: _____

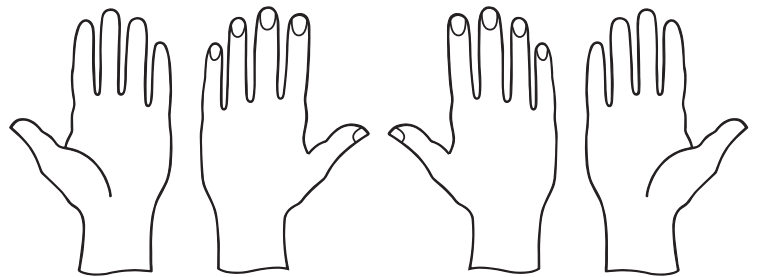
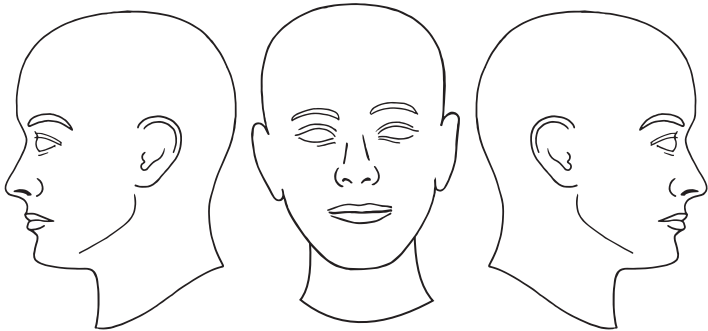
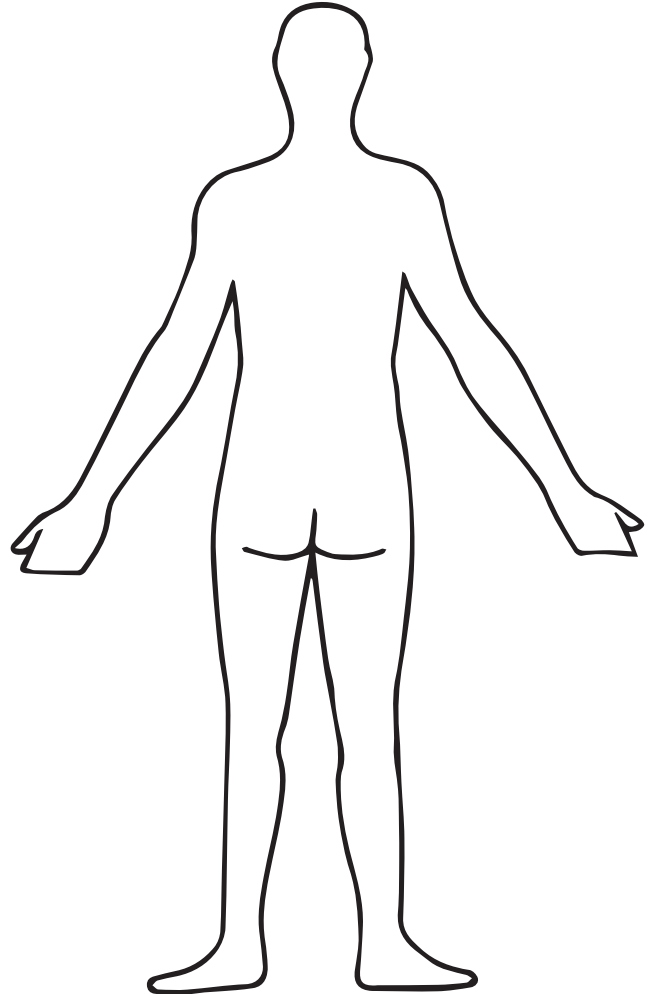
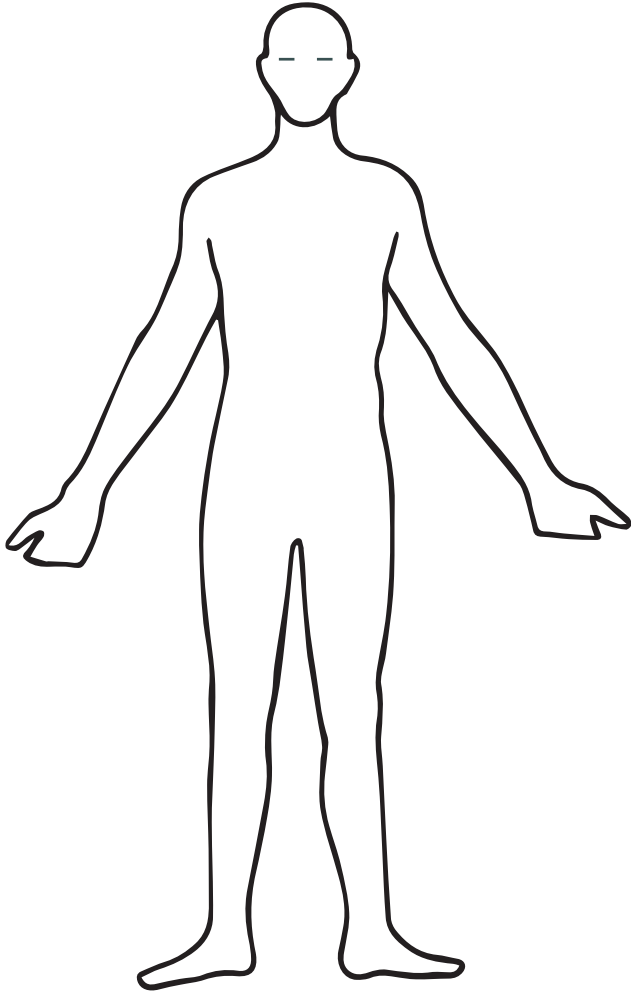


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A large empty grid area for drawing outlines of foot and hand. The grid is composed of small squares, with a vertical column of squares on the left side and a horizontal row of squares at the bottom. The rest of the grid is empty.

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Draw the injured area, model of the garment or special solutions:



LEFT

RIGHT

Additional information:
